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Intake Form—Montana Adult Basic Education Student Information Management System (MT SIMS)

Site Name: _____

Program Year: _____

Satellite Site: _____

Student Name: _____

Last

First

MI

Maiden

Social Security Number or ID Number: _____ Waiver to use SSN in matching ☐

Enrollment Date: _____ Have you been enrolled at another Adult Learning Center this year? ☐

Carry Over to Next Year ____ Yes ____ No Prior year student ☐

Street Address or PO Box: _____

City: _____ **State:** _____ **Zip Code + 4:** _____

Date of Birth: _____ Age at enrollment: _____ Gender: ____ Female ____ Male

Telephone: _____

In case of emergency, please contact: _____ Emergency Telephone: _____

Contact Person (Person who will know of this student's whereabouts for an extended period of time):

Contact Name: _____

Contact address: _____ Contact phone: _____

Indicate the type of area in which the student lives: Rural ____ Urban ____ (City over 50,000)

Race:	____ American Indian or Alaskan Native	Tribe	____ Assiniboine	____ Kootenai
	____ Asian		____ Blackfoot	____ N.A.
	____ Black or African American		____ Chippewa	Affiliation:
	____ Hispanic or Latino		____ Cree	____ Enrolled
	____ Native Hawaiian or Other Pacific Islander		____ Crow	____ Descendent
	____ White		____ Gros Ventre	____ N.A.

Is the student a United States Citizen or Legal Immigrant? ____ Yes ____ No

Marital Status: (At time of enrollment) (circle one) Single Married Divorced Separated

Last Grade Completed: ____ School Name/City/State: _____

Is the student a single parent with dependent(s) under the age of 18? ☐ Number of children under 18: ____

Employment Status: (Check one) ____ Unemployed ____ Employed ____ Not in Labor Force

Income Level: ____ \$0-4,999 ____ \$10,000 – 14,999
____ \$5,000 – 9,999 ____ \$15,000 +

Indicate whether the student is receiving any of the following (check all that apply):

____ TANF	____ SSDI or Other disability	____ Other _____
____ Food Stamps	____ Refugee Assistance	____ Vocational Rehabilitation
____ Worker's Compensation	____ Foster Child Payment	____ Housing Assistance
____ Unemployment Benefits	____ Medical Assistance	____ WIC
____ SSI only	____ Fuel Assistance	____ Free & Reduced Lunch

Does the student have a disability? (Check all that apply) ☐ No disability

☐ Blindness or vision impairment

☐ Hearing loss or impairment

☐ Learning disability

☐ Epilepsy

☐ Physical impairment

☐ ADD/ADHD

☐ Mental illness (depression, anxiety, mood disorder, personality disorder)

☐ Traumatic Brain Injury

☐ Psychosocial (behavior, coping or relationship difficulty)

☐ Other (please explain) _____

How did you hear about the adult learning center?

☐ Newspaper or magazine ad

☐ Friend or family member

☐ Radio or TV ad

☐ Pamphlet or brochure

☐ High School or college staff

☐ Employer

☐ Vocational Rehabilitation

☐ Corrections

☐ Referred by welfare-work/JOBS/Worker's Comp

☐ WIA – Title 1 (Workforce Center)

☐ Court Referral

☐ Other Agency _____

☐ Vocational Education program

Referred by agency/program _____

Case Manager _____

Program classification (Do any of the following apply to you?) (check all that apply):

☐ WIA Adult

☐ TANF

☐ WIA Youth

☐ Even Start

☐ Homeless

☐ Other _____

☐ In a community corrections program. (Adults who are required to attend or live in a community-based rehabilitation facility or halfway house.)

☐ In a correctional facility. (Inmate any prison, jail reformatory, work farm, detention center, or any other similar Federal, State or local institution designed for the confinement or rehabilitation of criminal offenders.)

☐ In any other institution. (Adults who are patients or residents of a medical or special institution.)

1. Primary Goal: Educational Gains

2. Main education goal to be Achieved this Program Year (If Applicable).

☐ Enter employment

☐ Retain employment

☐ Receipt of secondary diploma or GED

☐ Placement in postsecondary education or additional training

3. Secondary goal to be Achieved this Program Year (Choose one if applicable):

☐ Entered employment

☐ General involvement community activities

☐ Achieved citizenship skills

☐ Obtain citizenship skills

☐ Improve current job

☐ Placement in postsecondary education or training

☐ Improve English language skills

☐ Reduction in receipt of public assistance

☐ Receipt of secondary school diploma or GED

☐ Retained employment

☐ Involvement in children's education

☐ Voting behavior

☐ Involvement in children's literacy-related activities ☐ Met work-based project learner goal

Services Enrolled In (Check all that apply):

☐ ABE

☐ ESL

☐ Family Literacy

☐ ASE

☐ EL/Civics

☐ Work Place Literacy